



City of San Bruno

Application for Water, Wastewater and Garbage Service

Account Number: _____ - _____

Start Service Date: _____

Name: _____
(FIRST) (LAST)

Mailing Address: _____
If different from Service Address

City, State Zip: _____

Phone Number: (650) _____ - _____

Employer: _____

Employer Address: _____

City, State Zip: _____

Work phone number: _____ - _____

Spouse or Roommate: _____

Employer: _____

Employer's Address: _____

City, State Zip: _____

Work phone number: _____ - _____

Service Address: _____
(NUMBER) (STREET) (UNIT #)
RENT / OWN (CIRCLE ONE)

Previous Address: _____

City, State Zip: _____

CA. Driver's Lic.#: _____

Social Security #: _____ - _____ - _____

Number of Household Occupants: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____ - _____

Declaration: I agree to accept responsibility for service at the above requested location. I understand that payments are due 21 days following each billing cycle and failure to make payments on time will result in remedies authorized by City's Municipal Code including, but not limited to, delinquent penalties, service interruption and/or termination. I understand the water meter is the property of the City of San Bruno and tampering with the meter is subject to fines, penalties, and criminal prosecution. I agree to abide by these and all other regulations approved by the City Council and I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

OFFICE USE ONLY

DEPOSIT AMOUNT: \$ _____	CHECK / CASH / VISA	ACCESS CODE: _____	GARBAGE CODE: _____	# BILLING DAYS: _____
NEW ACCT. SETUP FEE: \$10.00	CHECK / CASH / VISA / BILL	METER NUMBER: _____	# OF CONTAINERS: _____	WATER CRG: _____
SERVICE ACTIVATION FEE: \$30.00	CHECK / CASH / VISA / BILL	METER READING: _____	BACKYARD SERVICE: _____	SEWER CRG: _____
AFTER HOURS ACTIVATION: \$30.00	CHECK / CASH / VISA / BILL	# OF DWELLING UNITS: _____	FIXED GARB. AMT: _____	GARB. CRG: _____
EMPLOYEE INIT: _____	DATE: _____	SEWER CODE: _____	FIXED ADDITIONAL: _____	SPECIAL CRG.: _____
Residential - Service Application.wpd				# UNITS CONS.: _____